BEST AVAILABLE COP

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	•	CLAIMS		D - PART	1			SMAL	l Fi	NTITY		077	3	
ſī	OTAL CLAI	MS 2/	(Col	umn 1)	<u>(C</u>	(Column 2)		TYPE [O	R SMA	OTHER THAN SMALL ENTITY	
FOR								RATE		FEE		RATE	FEE	
				NUMBER FILED		MBER EXTRA		BASIC F		385.0	0 0	R BASIC F	EE 770.00	
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	·	CLAIMS REMAINING AFTER AMENDMENT		- HIGHEST NUMBER PREVIOUS PAID FOR	LY .	PRESENT EXTRA	\[\int \]	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
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i th	e entry in colum	nn 1 is less than the	e entry in colu	mn 2, write *0*	in colu	mn 3.	<u> </u>	145≃ TOTAL			DR	+290=		
tf th	e "Highest Nur	nber Previously Painber Previously Pa ber Previously Paid ber Previously Paid	id For IN THI	S SPACE is les	s than	20, enter *20.*	ADD	IT. FEE	ropri		OR AI	TOTAL DDIT. FEE m 1.		